

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010446

Dr. P. Doubler

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 548

FILED APR 9 1962

1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

37 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HANDLEY HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

GREENE

c. CITY

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

914 W. WALNUT

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

ALICE

First

LEE

Last

BATEMAN

4. DATE OF DEATH

Month

Day

Year

APRIL

3

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/15/80

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ROGERSVILLE, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

RICHARD LEE

13b. MOTHER'S MAIDEN NAME

CYNTHIA WIGGINS

14. NAME OF HUSBAND OR WIFE

WM. R. BATEMAN (DEC.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

3

17. INFORMANT

Address

MRS. LEAH SAWYER, SPRINGFIELD, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

Diabetes mellitus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8 AM 4/3/62 to

9 AM 4/3/62

and last saw her

him alive on

4/3/62

Death occurred at 9:30 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1636 S. Glenston

22c. DATE SIGNED

4/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4/5/62

23c. NAME OF CEMETERY OR CREMATORY

MONGER CEMETERY

23d. LOCATION (City, town, or county)

SPARTA, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

H.H. LOHMEYER FUNERAL HOME

SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

4-6-62

26. REGISTRAR'S SIGNATURE

Effie S. Metten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 2727

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit issued 4-4-65